

TELEPHONE (312) 258-5500

**SCHIFF HARDIN LLP**

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 32173



RE APPLICATION OF:

Jessica Malmborg

SERIAL NO.:

09/919,105

EXAMINER: Dennis G. Bonshock

FILED:

July 31, 2001

CONFIRMATION NO.: 3462

TITLE: "USER INTERFACE FOR A MEDICAL DISPLAY DEVICE"

**AMENDMENT UNDER 37 C.F.R. § 1.116**

**MAIL STOP APPEAL BRIEF PATENTS**

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

| CLAIMS AS AMENDED   |  |       |  |                         |   |                          |
|---|--|-------|--|-------------------------|---|--------------------------|
|   | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | (6)<br>RATE                                 | (7)<br>ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS   | 16*  | MINUS | 20   | X                       | ( ) X 9.00<br>( ) X 18.00                   |                          |
| INDEP.<br>CLAIMS  | 1*   | MINUS | 3  | X                       | ( ) X 43.00<br>( ) X 86.00                  |                          |
| Application amended to contain<br>any multiple dependent claims<br>not previously paid for. |  |       |  | ( ) YES<br>( ) NO       | ( ) \$145.00<br>( ) \$290.00<br>ONE<br>TIME |                          |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT  |  |       |  |                         |   | \$0.00                   |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated \_\_\_\_\_ for \_\_\_\_\_ months so that the period for response is extended to \_\_\_\_\_. A check in the amount of \$\_\_\_\_\_ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$\_\_\_\_\_ is attached.

☐ A check for \$\_\_\_\_\_ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$\_\_\_\_\_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on **June 1, 2005**.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

June 1, 2005

DATE



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**AMENDMENT UNDER 37 C.F.R. § 1.116**

|             |   |                           |
|-------------|---|---------------------------|
| APPLICANT:  | Jessica Malmborg                              | CONFIRMATION NO. 3462     |
| SERIAL NO.: | 09/919,105                                    | GROUP ART UNIT: 2173      |
| FILED:      | July 31, 2001                                 | EXAMINER: Dennis Bonshock |
| TITLE:      | "USER INTERFACE FOR A MEDICAL DISPLAY DEVICE" |                           |

**MAIL STOP AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

S I R:

Applicant herewith amends the above-referenced application as follows.